Linkages to Learning

MONTGOMERY COUNTY, MARYLAND

A Collaborative School-based Partnership among the Montgomery County
Department of Health and Human Services, Montgomery County Public Schools,
Public and Private Agencies, Families and Communities

FY01 Pilot Year Data Report: Outcomes, Service Quality, Output & Utilization

December 2001

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I. INTRODUCTION

A. Background

On January 19, 2000, the County Council charged Linkages to Learning with developing and implementing a data system capable of reporting outcomes. The Council generously allocated supplemental funds to support this effort. Linkages to Learning used this allocation to fund hardware, software, and an infrastructure to develop and maintain this data system. On behalf of Linkages to Learning, on June 26, 2000, DHHS contracted with the **University of Maryland's Bureau of Governmental Research** (BGR) to develop a comprehensive data system.

The **HIDTA Automated Tracking System (HATS)** is an integrated consent-driven system that allows for the entry and sharing of client information on progress across Linkages partner agencies, while still maintaining all of the local, state and federal legal protections for confidentiality. It accommodates the input, tracking, reporting and exporting of data. The Bureau of Governmental Research, the administrator of HATS, modified its HATS MIS system (developed to integrate substance abuse treatment and criminal justice supervision) to address Linkages to Learning's data requirements.

The benefits and features of HATS include:
- HATS is in the public domain, therefore costing nothing to use;
- Uses PC based client/server technology;
- Protects and secures confidential data, e.g. client level queries are allowed as long as the user has authorized access;
- Supports coordination among agencies;
- Reduces redundant entry of client information;
- Establishes a single database for all participating agencies;
- Offers efficiency of data entry, sharing, tracking and reporting, and;
- Provides for information to be gleaned at the client, family, agency, and system level.

B. Data Report

1. Outcomes and Service Quality Measures

This report addresses the outcome and service quality measures listed below for all 17 FY01 Linkages to Learning sites (there are 22 sites as of FY02). These measures support of the *Children's Agenda*, and reflect the effectiveness of Linkages' programming.

1. Percentage of students in Linkages with less than 15% absences per year;
2. Percentage of students in Linkages with no out-of-school suspensions in one academic year;
3. Percentage of students in Linkages whose teachers report improvement in their classroom behavior;
4. Percentage of students in Linkages schools who have access to health insurance coverage;

5. Number of students in Linkages schools who have been assisted with applying for MCHP/CFK;
6. Percentage of eligible students enrolled in the School-Based Health Centers;
7. Percentage of enrolled students who use the School-Based Health Centers;
8. Percentage of parents satisfied with services at time of termination, and;
9. Percentage of attendees rating workshops/events as good or excellent.

2. Data Reported

Data presented in this report includes:

- Demographic and output and service utilization data on mental health and case management;

- Outcome and service quality data on mental health and case management, and;

- Outcome, output and service utilization data on somatic health at the two Linkages School-Based Health Centers.

The FY01 outcome, output, service utilization and service quality data for Linkages to Learning are baseline data since this is the first year of their collection.

3. Data Collection Methods

The data for this report was collected using the following mechanisms:
- The HATS system, used for mental health and case management;
- Clinical Fusion software for somatic health at the two school based health centers;
- The Children's Health Access Project Schools (CHAPS) Report, a collaborative effort among DHHS-School Health Services, MCPS, Linkages to Learning, and the Primary Care Coalition to collect health insurance statistics;
- DHHS-School Health Services end of school year reporting on Access to Healthcare Activities by School Health Services and Linkages Staff;
- Manual monthly reporting on all clients;
- Surveys of special prevention programming, and;
- Customer satisfaction surveys.

C.   SCOPE OF REPORT

Linkages to Learning HATS was intended to be a pilot for the use of an integrated interagency data collection and reporting system. In so doing, in the FY01 pilot year, many challenges were met, including the intricacies involved in generating electronic records on personally identifiable information as well as the need for Linkages staff to change their business process to accommodate the electronic record keeping. In FY01, Linkages mental health and case management staff worked with 1,295 families and their 2,569 children and served another 1,783 children in groups. These totals include some of the clients served in the two School-Based Health Centers (SBHCs), where mental health, case

management, and somatic healthcare staff served 684 individual children and parents. HATS was utilized to enter and record case management and mental health service data on only 352 Linkages students and 1,550 Linkages parents. Somatic healthcare data for the two school-based health centers is processed in a different management information system. Of the 352 children with HATS records, the outcome data in the areas of attendance and suspension, is reported on 178 (74% of whom are middle school students); these were students for whom staff were able to obtain consent from their parent to review educational records. The specific reasons for this limited use of HATS for data collection are several and are discussed in more detail at the end of this report; strategies developed in FY02 to address these challenges are also explained. Basically, HATS is a client treatment tracking system that is currently not capable of recording the more broad-based prevention services offered to a large number of Linkages clients who do not need direct treatment services. Additionally, many clients could not be entered into the HATS system due to insufficient permission to open records. Therefore, since not all Linkages clients have records in HATS for FY01, we have used Clinical Fusion, the school-based health centers' data collection system, and manual reporting for complete output and service utilization data reporting.

We are pleased with our first year's efforts to collect and report client services and outcomes using an automated data collection and reporting system. Having met many of our pilot year challenges, we look forward to implementing new strategies so that we will be able to report on a much larger number of children and families in FY02.

II.   DATA

A.   Demographic Data on Mental Health and Case Management
(Data Source: HATS)

The demographic data below indicate that Linkages is serving the neediest students, based on FARMS, the criteria used to select Linkages sites, as of 1999. Additional data below, used to select original Linkages sites, also indicate a need for social, mental health, and health care services that are accessible in the community, i.e. enrollment in ESOL.
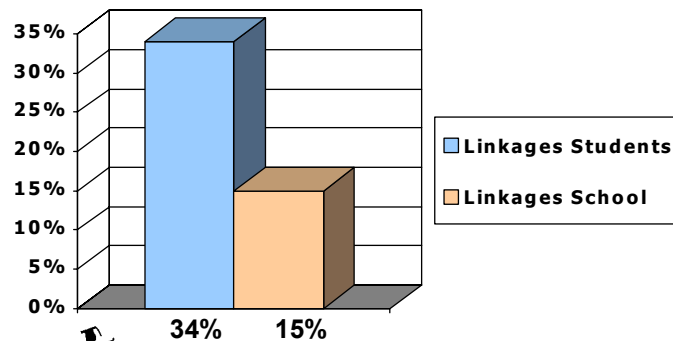
SY 2000-01: FARMS Rates
for Linkages Students vs. Linkages School
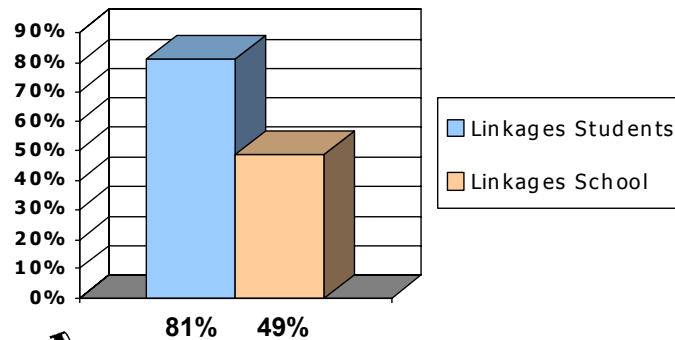
FARMS Rates: On average, Linkages students have a FARMS rate of 81% while the Linkages schools have a FARMS rate of 49%.
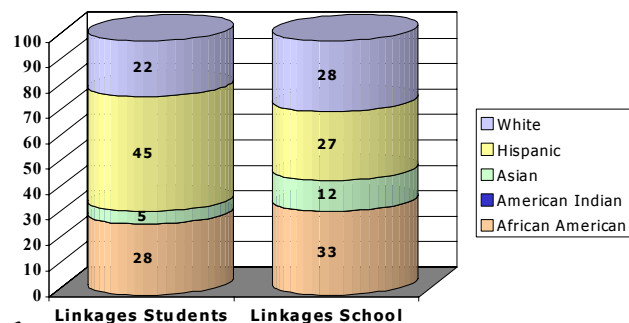

- Linkages Students
- Linkages School

81%   49%

SY 2000-01: Enrollment in ESOL:
Linkages Students vs. Linkages School

Enrollment in ESOL: 34% of Linkages students are enrolled in ESOL compared with 15% of the students at Linkages schools.

- Linkages Students
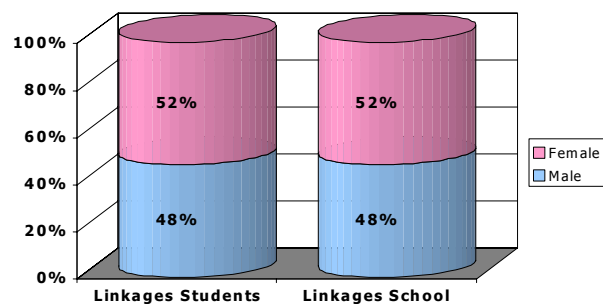- Linkages School

34%   15%

5

SY 2000- 01: Race/Ethnicity for Linkages Students vs. Linkages School (%)

Race/Ethnicity: Linkages students are typically more diverse than the general population of all students enrolled in Linkages Schools:

	LTL	LTL School
Af. Amer.	28%	33%
Asian	5%	12%
Hispanic	45%	27%
White	22%	28%.

SY 2000- 01: Gender of Linkages Students vs. Linkages School (%)

Gender: Students served by Linkages reflect the general population of students enrolled in Linkages schools: 48% male and 52% female.

B.   Output and Service Utilization Data for Somatic Health, Case Management, and Mental Health
(Data Sources: HATS, Clinical Fusion, Manual Reports, Manually Administered Surveys)

The output and service utilization data below indicate that Linkages is providing access to care for those students in need of its services (e.g. those with the most chronic health conditions and those with the need for counseling that address family issues that are likely to adversely impact school performance) and is providing services to them to the capacity available.

1.   Somatic Health and Dental Care Services, School Based Health Centers at Broad Acres and Harmony Hills elementary schools
(Data Source: Clinical Fusion)

1: Student Health Services at the School-Based Health Centers

Broad Acres ☐ Harmony Hills ☐
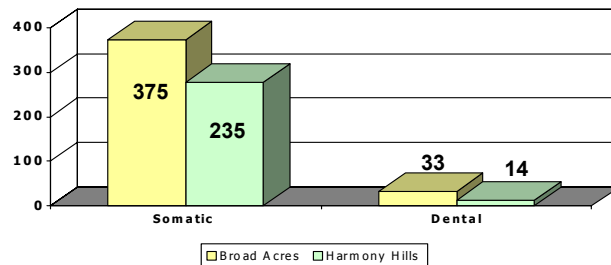
**Student Health Services:**
- **Broad Acres Elementary School:** 375 individual students received somatic healthcare services and 33 received dental healthcare services.*

- **Harmony Hills Elementary School:** 235 individual students received somatic healthcare services and 14 received dental healthcare services.*

These dental services were provided at the Silver Spring Health Center dental operatory and were funded by grants. The initial funding was through a grant from Holy Cross Health. This funding ended during FY01 and was replaced by a State SBHC Expansion grant. These services are provided to uninsured or Care for Kids covered students. Other students are referred as needed to their community dental health provider.

SY 2000-01: Most Common Somatic Health Problems at the School-Based Health Centers (by Visits)

☐ # Visits at Broad Acres
☐ # Visits at Harmony Hills
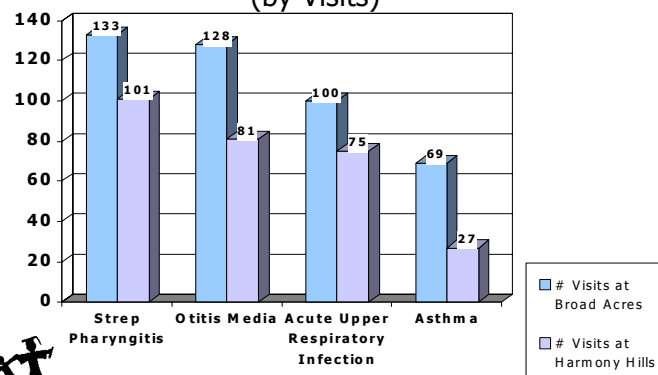
Most Common Somatic Health Problems: Students' presenting health problems at the two Linkages school based health centers are similar to those seen by healthcare providers in other pediatric clinical settings:*
- **Strep Pharyngitis (Strep Throat)**
Broad Acres: 133; Harmony Hills: 101
- **Otitis Media (Ear Infection)**
Broad Acres: 128; Harmony Hills: 81
- **Acute Upper Respiratory Infection**
Broad Acres: 100; Harmony Hills: 75
- **Asthma**
Broad Acres: 69; Harmony Hills: 27.

Dental disease is observed as a secondary diagnosis, and is being tracked in FY02.

2. **Mental Health and Case Management, all sites**
   (Data Source: HATS, Manual Reports)

SY 2000-01: Mental Health and Case Management Services: Population Served
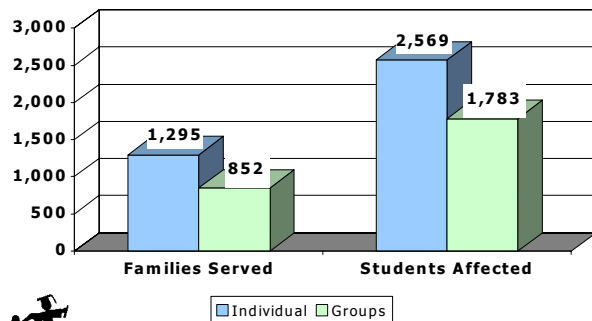
Mental Health and Case Management Services:
Number of families and students served and/or affected by case management and mental health individual and group services:
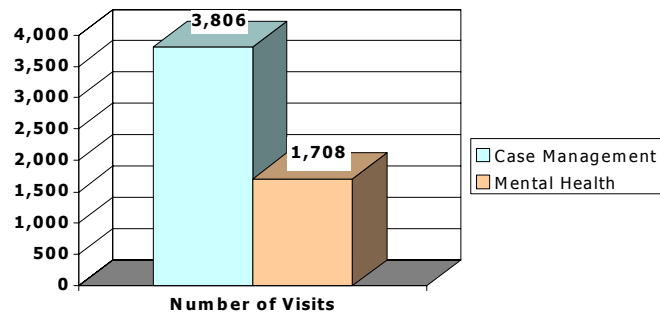Families:
- 1,295 individual
- 852 group
Students:
- 2,569 individual
- 1,783 group

SY 2000-01: Case Management and Mental Health Visits: Students and Parents
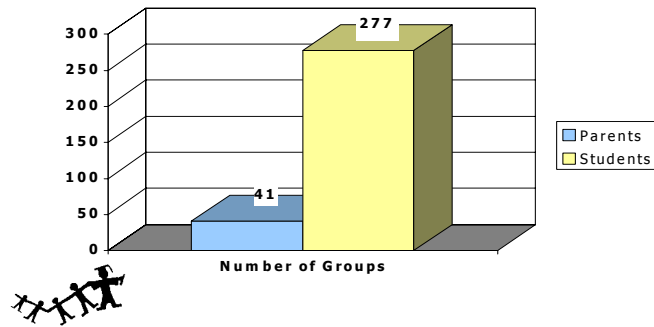

Total Visits: 5,514

Case Management and Mental Health Visits:
The number of visits by students and parents and the level of case management and mental health service utilization:
- Case management: 3,806
- Mental health: 1,708
- Total: 5,514

SY 2000-01: Case Management and Mental Health
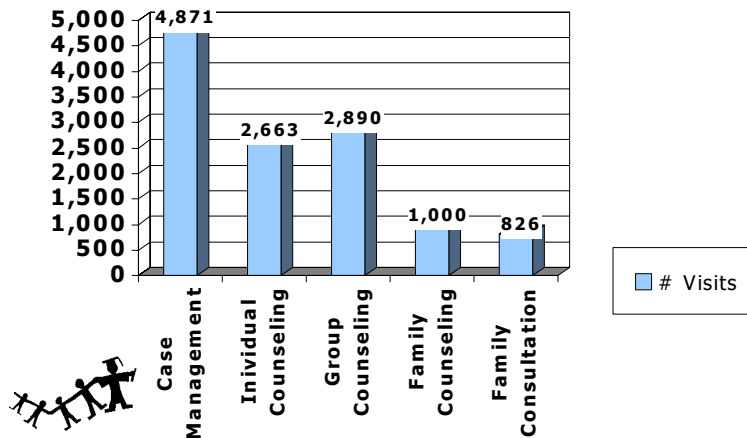Groups for Students and Parents

**Case Management and Mental Health
Groups for Students and Parents:**
The level of utilization of case
management and mental health group
services by students and parents, by
number of groups provided:
- Parents: 41
- Students: 277

SY 2000-01: Utilization of Most Common
Case Management and Mental Health Services

**Utilization of Most Common Case
Management and Mental Health
Services:**
The number of student visits at all 17
Linkages sites for the five most common
case management and mental health
care issues:
- Case Management: 4,871
- Indiv. Counseling: 2,663
- Group Counseling: 2,890
- Family Counseling: 1,000
- Family Consultation: 826

3.   **Special Prevention Services**
      (Data Source: Manually administered surveys)

SY 2000-01: Voices VS Violence Workshops:
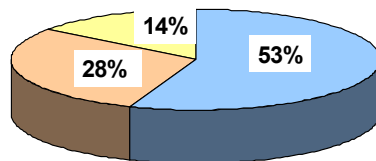Attendance of Children and Parents
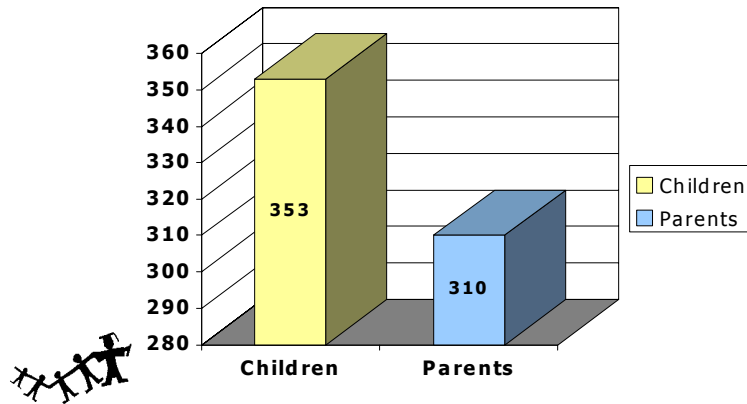
VVV Attendance:
This program of the Mental Health Association receives funding from DHHS to provide violence prevention workshops to Linkages parents with concurrent programming for their children.
353 children and 310 parents were served in FY01.

SY 2000-01: Voices VS Violence: Parent Satisfaction

- Extremely Helpful
- Very Helpful
- Somewhat Helpful

VVV Parent Satisfaction:
Clients found the Voices VS Violence workshops helpful to them in addressing violence prevention in raising their families:
- 53% extremely helpful
- 28% very helpful
- 14% somewhat helpful.

SY 2000-01: Linkages to the Library:
407 Participants in 6 Schools and 5 Libraries
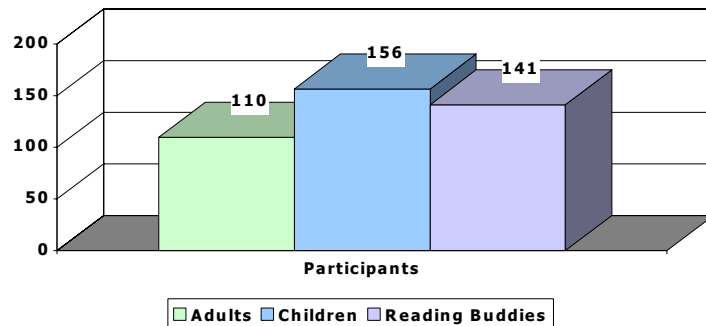
Linkages to the Library Program
(Summer 2001)
The program served six Linkages schools at five Montgomery County Public Libraries. In 2001, Linkages to the Library was funded through Linkages, COMCAST, and Friends of the Library

Program Goals:
To increase the number of new users to the public library, help boost reading skills, and promote family reading.

Program Components:
- The reading buddy component, in which reading buddies assist school-age children with reading and provide a mentoring relationship, was intended to model read-aloud behaviors to parents.
- The parent component provided a tour of the library, a discussion of what the library has to offer, and training on the Internet and library catalog system in English and Spanish.
- The family component intended to encourage quality time between parents and their children.

Program Outcomes:
- **Outcomes** from the Public Libraries will be available in January 2002. They will show percent increase in library card applications and library use.
- The **output data** here shows that the program was well attended, indicating that it served a great need in the community. Participation is as follows:
  - 110 parents
  - 156 children
  - 141 reading buddies

C. **Outcome and Service Quality Data on Mental Health, Case Management, and Somatic Health**
(Data Source: HATS, Clinical Fusion, Manually Administered Surveys, CHAPS Report, Access to Care Outreach Activities by School Health Services and Linkages to Learning)

1. **Outcome: Percentage of students in Linkages with less than 15% absences per year**

SY 2000-01: Absence Rates
for Linkages Students

23%

77%
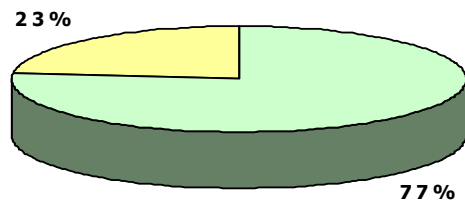
Absence Rates:
- 77% of Linkages students have fewer than 15% absences
- 23% have greater that 15%.

☐ < 15% Absences   ☐ > 15% Absences

2. **Outcome: Percentage of students in Linkages with no out-of-school suspensions in one academic year**

SY 2000-01: Academic Suspension Rates
for Linkages Students

20%

80%
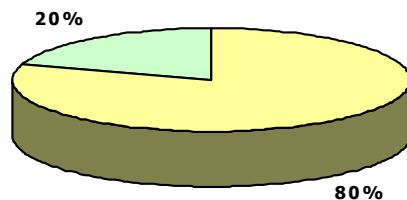
Suspension Rate:
- 80% have never been suspended
- 20% have been suspended at least once.

This sample is 84% middle school students.

☐ Never suspended ☐ Suspended

84% of sample in M.S.

3.   **Outcome: Percentage of students in Linkages whose teachers report improvement in their classroom behavior**

SY 2000-01: Linkages Students with Improved
Classroom Behavior

2%

24%

☐ Behavior
  Improved

☐ Behavior
  Unchanged

74%
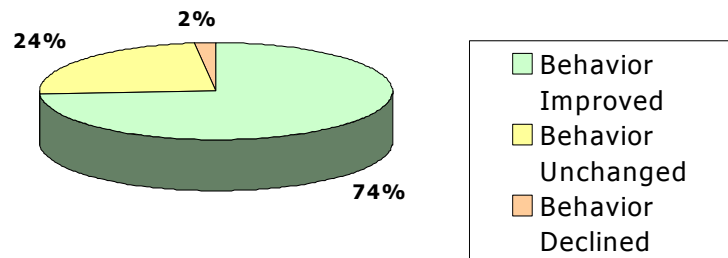
☐ Behavior
  Declined

**Teachers' Assessment of
Student Behavior:**
Teachers report that students
receiving Linkages services have
improved classroom behavior:
- 74% Linkages students
  showed improved classroom
  behavior
- 24% showed unchanged
  classroom behavior
- 2% showed declined
  classroom behavior; studies
  show that many students
  receiving mental health
  services show decline before
  improvement.

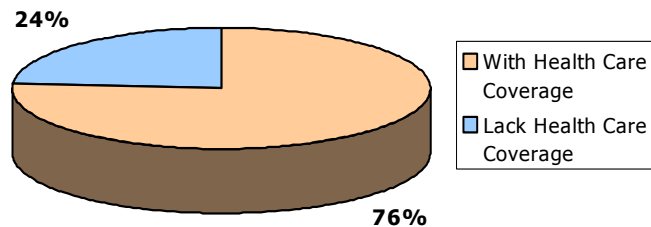4.   **Outcome: Percentage of students in Linkages schools who have access to health insurance coverage**

SY 2000-01: Health Care Coverage for Linkages Students

24%

☐ With Health Care Coverage

☐ Lack Health Care Coverage

76%

Health Care Coverage:
Despite expansion of MCHP and the Care for Kids Program, many students at Linkages schools lack healthcare coverage:
- 76% have healthcare coverage
- 24% lack healthcare coverage

5.   **Outcome: Number of students in Linkages schools who have been assisted with applying for MCHP/CFK**

SY 2000-01: 375 Linkages Students Assisted with Applications for Health Care Coverage (MCHP/CFK):

375
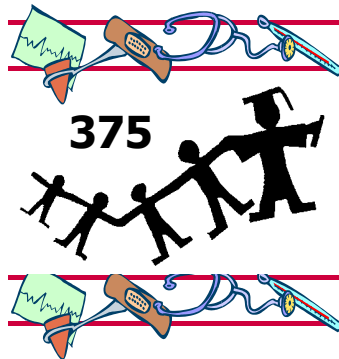
Linkages, in collaboration with School Health Services Helps Students Access Health Care:
Linkages intensive case management enabled 375 families of students without healthcare coverage to complete the application process.

6. **Outcome: Percentage of eligible students enrolled in the School-Based Health Centers, and;**
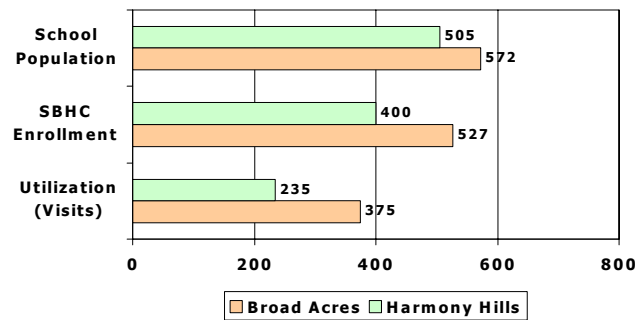7. **Outcome: Percentage of enrolled students who use the School-Based Health Centers.**

SY 2000-01: School-Based Health Center Enrollment
and Utilization

School Based Health Center Services:		
The majority of parents of students attending Broad Acres and Harmony Hills elementary schools have enrolled their children in the school-based health centers. Utilization rates for services at each school varies, probably because of differences in insurance status.		
	Broad Acres	**Harmony Hills**
School Population	572	505
SBHC Enrollment	527 (92%)	400 (79%)
SBHC Users*	375	235
(Parents/Children)		

8. **Service Quality: Direct Services: Percentage of parents satisfied with services received at time of termination**

SY 2000-   : Parent Satisfaction with Linkages
          Services (at termination)

4% 2%

94%
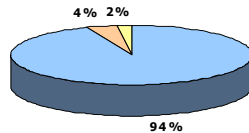
☐ Satisfied   ☐ Neutral   ☐ Dissatisfied

Direct Services:
Most Linkages clients are satisfied
with the services they received in
FY01:
- 94% were satisfied
- 4% were neutral
- 2% were dissatisfied.

9. **Service Quality: Prevention Services: Percentage of attendees rating workshops/events as good or excellent**

SY 2000-01: Parent Satisfaction with Linkages
          Workshops and Events

5%
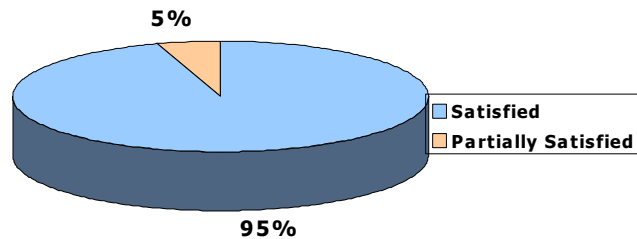
☐ Satisfied
☐ Partially Satisfied

95%

Workshops and Events:
Parents were satisfied with the
Linkages workshops and events that
they attended in FY01:
- 95% satisfied
- 5% partially satisfied.

III.   **SUMMARY OF FY01 (PILOT YEAR) STATUS REPORT FOR HATS DATA COLLECTION AND REPORTING**

A.   **Successes:**
- **Data** shown above from the Linkages to Learning pilot year (FY01) of electronic data collection and reporting, supported by manual data collection and reporting, shows that Linkages to Learning is providing services to those in most need in each of its school sites (FARMS, ESOL, health care access, classroom behavior issues, etc.), the services are well utilized, our clients are very satisfied with the services, and teachers report improved classroom behavior for students who are receiving Linkages services.
- **Software and hardware installed at all 17 sites**, through coordination of efforts among MCPS, DHHS and private agencies (in FY02 we added five more sites);
- **65 staff received training** in HATS and in basic computer skills, and Linkages will continue to provide training;
- **HATS application modified** to address business processes to maximize the benefits of data collection and reporting;
- The modified HATS system addresses **cultural competency,** by allowing for appropriate classification of race and ethnicity;
- All Linkages partner agencies came to agreement on **interagency confidentiality issues** and produced standard consent forms to reflect that;
- Simplification of **confidentiality forms** to the extent possible;
- Implementation of a New **Automated Systems Manager** position enabling extensive user and administrative support;
- Program evaluation assistance provided by **DHHS Customer Service and Accountability and METIS** (Contractor to DHHS)**,** on outcome identification and data collection and reporting, and**;**
- **The University of Maryland Bureau of Governmental Research** provided ongoing user support.

B.   **Data Collection Challenges and Strategies:**
Since HATS is a client record system for treatment, capturing broad based prevention services is difficult.

Challenge: Linkages staff have many clients whom we refer to as **"pre-case" clients**. These are individuals who make initial contacts requesting minimal information and are not ready to enter into ongoing working relationships.
Strategy: Staff are opening cases for these clients as soon as appropriate.

Challenge: The **children of parents receiving case management services** have not been entered into HATS because they are not the "direct" client. In FY01, these children are counted in output data as children affected, but we do not have outcome data on them.
Strategy: In FY02, we are opening records for those children in HATS so that we may track outcomes on their school performance. This will require considerable data entry effort since Linkages serves many large families. However, we believe it is important to determine the effects of parents' services on their children.

Challenge: The children in ongoing **psycho-educational groups** (social skills, peer pressure, grief and loss, etc.) were not entered into HATS in FY01. Linkages staff used a simple permission form for groups that they sent home for the parent's signature. This form does not address standard disclosure to have a record opened on a client or consent to review educational records.
Strategy: In FY02, we have asked our mental health counselors to meet directly with parents to explain and have them sign the more thorough consent forms so that a record may be opened on the child and educational data may be analyzed.

Challenge: Because, HATS currently has the capacity to keep only individual client treatment records, **children** in **informal one-time only or drop-in groups** (i.e. lunch bunch, teen club) are not entered into HATS. These groups are considered a one-time prevention service for which an individual client record is typically not kept, much like for support groups. Broad-based prevention service records are typically kept by service participation and attendance.
Strategy: Attendance and output for these student participants will continue to be recorded manually, if and until HATS has the capacity to record data that is not client-based but service-based.

Challenge: Because HATS currently has the capacity to keep only individual client treatment records, parents who participate in **ESOL classes, acculturation groups, one-time only parent workshops, and/or events** such as Health Fairs, which are broad-based prevention services rather than treatment services. Broad-based prevention service records are typically kept by service participation and attendance, not individually by client.
Strategy: Attendance and output for these adult participants will continue to be recorded manually, if and until HATS has the capacity to store data that is not client-based but service-based.

Challenge: Because, HATS currently has the capacity to keep only individual client treatment records, **service quality** data is not kept in HATS. Survey data is typically kept separately from individual client treatment records, and in a different format than client records.
Strategy: We will manually survey customers to determine satisfaction with services, workshops and events, and will manually survey teachers to determine Linkages student's classroom behavior, if and until HATS has the capacity to store such data.

IV. **FUTURE NEEDS**
- Children and families at Linkages sites have **more needs** than Linkages to Learning can provide. Most sites have mental health waiting lists and all sites could provide more prevention services such as psycho-education groups, events, workshops, ESOL classes, computer training, but do not have the staffing capacity.
- There is a concern that, when it is necessary to refer a client out for mental health care services, those **services are not accessible** due to availability, language and culture, hours, transportation, and childcare needs.
- As Linkages expands, it has allowed for additional software and hardware needs. However, **the need for user and administrative support** from the internal Automated Systems Manager and the contractor, will increase, for which there are no funds currently allocated.
- Currently, HATS is a client record system for treatment services. **Only one component of Linkages is direct treatment services**. Other components include a variety of broad-based prevention services, such as psycho-educational groups, ESOL classes, tutoring, employment training, parenting workshops, which address prevention and early intervention needs of children and families. Linkages would benefit from an electronic record keeping system for these prevention services. That system would need to track these services using participation records rather than through individual client records, as these clients are not followed on an individual basis. HATS could be considered for this if there were extensive modifications to it to allow for tracking of both individual client treatment, recorded by client, as well as broad-based prevention services which are recorded by service, not by client.
- Currently, the Linkages case management and mental health record system, HATS, is not integrated with its health record system, Clinical Fusion and PULS. To be fully integrated and be able to show outcomes on school performance and well being on all Linkages students as impacted by all Linkages services, these **client record systems would need to be integrated or joined** in some way.